

Letters to the Editor...

EVERY ENCROACHMENT upon the ethical practice of medicine, no matter what specialty is involved, eventually acts to the detriment of both profession and public. Attention is, therefore, called to the mode of operation of lay allergy testing laboratories and allergy consultation services.

To understand the objections to such laboratory practices and services, one must be aware of the methods and practices employed by the allergy specialist. A careful allergy history is first taken, followed by a complete physical examination, including necessary laboratory tests. If allergy tests are deemed advisable, the type, number, and assortment are planned for the individual. These tests are performed by the physician himself or by a trained assistant under his direct supervision, employing fresh, potent, sterile antigens. Reactions are read by the allergist himself. If constitutional reactions occur, the physician is present to diagnose and institute appropriate therapy. The results of such tests are correlated with the clinical data. If desensitization therapy is indicated, the allergist prescribes or furnishes the antigens. The size and timing of dosage are recommended, based on the knowledge of the antigens and the patient. The patient thus receives integrated treatment. Such service has always been available both on a referral and consultation basis.

By way of contrast, when a physician is not in direct charge, which is the situation in lay allergy testing laboratories and allergy consultation services, there is no supervision of the potency, sterility, or nonspecific irritating qualities of the testing materials used. Tests may even be performed in the presence of unrecognized infection or dermatographia. Individuals with training below the standard deemed

necessary by allergists read the reactions, and the results are often considerably at variance with what a specialist obtains on the same patient. Lay laboratories do not perform intradermal tests, desiring to avoid legal difficulties, but such tests are often necessary. Although a report of the tests may be made to the referring or cooperating physician, the actual prescription, dosage, and schedule of treatment is usually recommended by the testing laboratory or by a separate manufacturing laboratory without knowledge of the patient's degree of reactivity to the treatment materials to be used. Thus the patient does not receive integrated diagnosis and treatment. When poor results are obtained, discredit is reflected on the medical profession in general and unwarrantedly on the specialty of allergy in particular.

Physicians who patronize a nonmedical allergy testing service fall into two groups. The majority are practitioners who have not realized the facts or pondered their significance. The minority are those motivated by friendship, financial gain, or the "hold onto the patient at any cost" attitude. For the latter, it should be emphasized that consultation as well as referral services are available by qualified allergists at fees comparable with or less than those charged by lay laboratories.

Although ambiguities and loopholes in our present legislation affecting medical practice may allow lay allergy testing and consultation services to exist, the Allergy Association of Northern California feels that the interests of both the public and the profession are better served by utilization of allergy specialists.

THE ALLERGY ASSOCIATION OF
NORTHERN CALIFORNIA

